



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

NOSOCOMIAL INFECTIONS

Effective Date: March 31, 2003

Policy #: IC-13

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I. PURPOSE: To specify infection surveillance procedures.

II. POLICY: The tracking of nosocomial infections is necessary to monitor overall effectiveness of Infection Control practices and health related patient and staff education.

III. DEFINITIONS:

- A. Nosocomial infections are infections that present themselves in hospitalized patients in whom the infection was not present nor incubating at the time of admission. An infection that presents on admission can only be classified as nosocomial if it is directly related to a previous admission. The term nosocomial will include the vast majority of potentially preventable infections. In this facility the Infection Control Coordinating Group has determined an infection that develops three days after admission is nosocomial.

IV. RESPONSIBILITIES:

- A. Nursing staff are often the first to observe possible issues related to failure of Infection Control Standards. Communication of concerns to the Infection Control Nurse are crucial and need to follow guidelines detailed in the Infection Report policy to insure that accurate timely reporting of diagnosed infections is achieved.
- B. Staff physicians will order cultures of infectious materials when indicated and will be active participants in Infection Surveillance.
- C. Infection Control Nurse will maintain surveillance records and utilize data gathered to make recommendations to the Infection Control Coordinating Group.
- D. Infection Control Coordinating Group will monitor surveillance data and coordinate corrective action activities when indicated to insure quality care and to maintain a safe working and treatment environment.

V. PROCEDURE:

- A. All infections must be reported to the Infection Control Nurse using the Infection Report form (see hospital policy – Infection Report). Upon receipt, the Infection

Control Nurse will review them and compare to other reports already received to evaluate for trends or areas of concern. Nursing staff on the treatment units will be contacted to evaluate effectiveness of treatment.

- B. All infections treated with an anti-viral, an antibiotic, or anti-fungal medication are reportable. If cultures are indicated, reports are forwarded to the Infection Control Nurse.
- C. While infections of all kinds are reportable the following are the major classifications that are currently being tracked throughout the hospital:
 - Urinary tract
 - Respiratory (i.e.: bronchitis, pneumonia, & exacerbation of COPD or other lung disease)
 - Sinusitis
 - Pharyngitis
 - Otitis Media
 - Otitis External
 - Conjunctivitis
 - Skin and Wound
 - Gastroenteritis
 - Gynecologic
 - Dental Infections
- D. Reports collected are reviewed for effectiveness of treatment and to determine if they are a nosocomial infection. The standard is any infective process that was not present at admission or within three days of admission or was as a result of a procedure on a previous admission.
- E. There are certain exceptions: Medications ordered prophylactically (i.e., antibiotics ordered prior to a dental procedure, antibiotics ordered after a self-induced injury by a patient).
- F. The Infection Control Coordinating Group will review and evaluate all suspected nosocomial infections. The diagnosis will be reviewed by a staff physician as well as the appropriateness of the treatment. An attempt will be made to prevent this occurrence in the future.
- G. Copies of the Infection Surveillance Reports will be made available to all members of the Infection Control Coordinating Group, all nursing supervisors, the Director of Nursing, Hospital Administrator, and any other interested parties.

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Ed Amberg Date
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